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Perceptions of Spanish Emergency Critical Care Health Professionals of Spiritual Needs during Covid 19 Pandemic

Sanskriti Sharma*

Department of Nursing Education, University of Occupational and Environmental Health, Japan

Corresponding author: Sanskriti Sharma

SanskritiSharma54@gmail.com

Department of Nursing Education, University of Occupational and Environmental Health, Japan

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Abstract

To find out what the medical staff working in Spain's emergency and critical care units think about the spiritual care given during the COVID-19 pandemic. Deep-dive interviews were used in a qualitative inquiry. Setting: Medical personnel from several Spanish areas working in emergency, emergency, and intensive care units. Findings: One nursing assistant and 47 nurses made up the sample. The qualitative analysis generated four primary themes that reflect the following categories: "the experience with spirituality in clinical practise"; "resources and barriers to give spiritual care"; "the COVID epidemic and spiritual care" and "training in spiritual care". Two sub deliveries, titled "ethical issue" and "rituals of dying," were also acquired. Conclusions: Most emergency and critical care nurses think it's crucial to provide spiritual care to patients to address patients' spiritual needs; however, there are still a number of obstacles in their therapeutic practise. Professionals thought that spiritual beliefs had become significant patient demands during the COVID-19 pandemic in Spain, and that the limits imposed by the epidemic had exposed medical staff to additional moral conundrums and religious concerns around end-of-life care. The consensus among health professionals is that this subject needs additional education and funding. Clinical practise implications: To improve care in emergency scenarios like the COVID-19 pandemic, medical personnel in emergency intensive care must give nursing care that satisfies the spiritual needs of their patients. In order to do this, emergency services experts must collaborate and take part in the creation of measures to Lack of time, inadequate training, and common misconceptions in emergency services make it challenging to handle these needs.

Keywords: Clinical Practice; Covid-19; Nurses; Religion; Spirituality

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Introduction

Spiritual beliefs have been acknowledged as a potent coping technique for dealing with traumatic circumstances, allowing for a more positive viewpoint and encouraging faith and hope. Spirituality study has been steadily gaining ground in the scientific world in recent decades [1]. Despite these encouraging findings, earlier research has revealed that spirituality is not highly valued in nursing education and is not adequately addressed in clinical practise [2]. According to nurses, addressing spirituality requires more information and abilities than they currently possess and that they feel lacking in these areas of knowledge, understanding, and skill. Workload, lack of training, concern over imposing one's own ideas, lack of time, lack of desire, and patient privacy were among the most often cited impediments by nurses [3]. Spiritual care is especially crucial for critical care and since they operate in demanding settings with patients who are in critical and life-threatening situations, emergency health providers [4]. According to earlier studies, such individuals think it's critical that medical practitioners attend to their spiritual requirements in this circumstance [5]. Even though it can help patients and families cope with adversity and existential challenges like death, spiritual

care does not appear to be prioritised in emergency services and is frequently neglected or absent in acute care nursing [6]. Similarly, spirituality appears to be significant to healthcare professionals [7]. The mental health of healthcare workers is often put at risk by their workload, ethical challenges, and stress [8]. They may also experience problems with anxiety and depression, and spiritual beliefs may be a crucial coping technique [9]. In the recent past, the COVID-19 pandemic has supported the role of spirituality in healthcare. There have been more coronavirus cases and deaths since the start of the pandemic [10].

Discussion

Global health systems have faced difficulties as a result of this catastrophe, which has put their emergency and public health preparations to the test [11]. Several seriously ill COVID-19 patients perished in isolation without the necessary care during the first response to the pandemic's surge because the spiritual and psychological needs of patients and their families were given less importance [12]. Given the level of vulnerability, loneliness, and isolation brought on by this pandemic, it has become vital to serve the spiritual needs of these patients [13]. On March 14, 2020, Spain proclaimed a state of emergency that lasted until June 21st 2020 and resulted in confinement at home, the cessation of educational, commercial, recreational, and leisure activities, among others, and the restriction of people's ability to leave the house to only buy food and medicine, access healthcare, or go to work. Spain had one of the worst fatality rates in the world, and emergency professionals were severely overworked and lacking in hospital facilities [14]. Using spirituality and religion in these trying circumstances has been found to be a protective factor against anxiety, depression, and suicide as well as being linked to improved health outcomes and reduced suffering. Spiritual care has become a crucial component of healthcare in hospitals, where patients are more likely to experience feelings of vulnerability, stress, or powerlessness. Since we used a phenomenological method, semi-structured inquiries and exploratory questions were employed to elucidate the participants' lived experiences. The questions in the interview script were written to encourage participants to share their own experiences, including feelings and emotions, and frequently to concentrate on a particular experience or specific occurrences. This interview script's content was created utilising the Delphi method. The Delphi method is a communication exercise that combines and synthesises the expertise of a group of geographically dispersed participants. In our case, we chose to use an electronic Delphi technique, in which experts were invited and completed the forms online. Each question's consensus was taken into account, with a total of 15 experts. They accepted the invitation and agreed to take part if they were in critical or spiritual health. Table 1 displays the features of the expert panel. Two rounds of assessments were required in order to reach agreement on every Delphi component. Last but not least, the interview script was modified in light of the expert's analysis. Amadeo Giorgi's theory was used to the phenomenological analysis of the data. Phenomenological analysis entails collecting and characterising the "living world" of the study participant, therefore it's critical that the researcher avoids reading too much into their reported experiences and presents the world exactly as the respondent sees it. Participants consistently came to the same conclusion: S/R helped patients and their families deal with difficult circumstances like cancer, life-threatening illnesses, bereavement, and the death of a relative. The participants thought that spirituality provides assistance and those patients who did not hold these views in the past fared poorly. A participant who is female, 28 years old, in the ICU and being transported by ambulance in wave three said, "Having trust in something gives you a "light at the end of the tunnel" to strive to progress in a healthy manner during the illness.

Conclusion

Then, we were interested in learning how they felt that S/R affected patient care. It was often believed that if medical practitioners' religious and/or spiritual beliefs corresponded with those of patients, this might strengthen the bond that had been built between them because the healthcare provider could relate to the patient more, better meet their requirements, and possibly give better care and treatment. Similar to this, participants were seen to think that if the patient's and the health professional's beliefs did not align, there may be a bad relationship. Participant 32, 28-year-old female, emergency care, 3A wave: "I believe that the more spiritual a professional or person is, the more compassion, connection, and spiritual and emotional closeness he can have with someone else. I also believe that the more spiritual a person is the more healing ability he or she will have in terms of helping the other person and feeling good about oneself. Most of the participants stated that they did not have access to spiritual or religious resources when asked about the resources that were accessible. The formation of times and places as well as the inclusion of staff with a focus on spirituality were common concepts that emerged as essential. Participants also concurred that they addressed this matter when patients raised it or when there was a dismal prognosis. Even so, just eight of the participants claimed to have referred patients to chaplains or other religious authorities. Participant 43, a 50-year-old woman who needs emergency treatment, says: "One thing, for example, that I have repeatedly demanded is that if the person is unwell, we should invite him to come to the priest so that he can be there with him. It was also observed that a lack of education and experience made medical personnel uneasy regarding spirituality, and as a result, they did not encourage their patients to discuss it. The participants also mentioned workload, a lack of privacy, distractions, a lack of perspective and resources, and a lack of time. Perhaps the reason we have experienced so many spiritual crises is because there have been patients who, rather than the famous intubate or not intubate, have caused us to ponder what to do with someone who is gravely ill, is getting worse, and has already had a poor quality of life. So far as doing all feasible if there is a need, there have been numerous morals, spiritualties, or religious ideals incorporated into healthcare.

Acknowledgement

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Conflict of Interest

None

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